

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90392 015 ***150.00

DOCUMENT # P04000082053					
1. Entity Name GRAY REALTY VENTURES, INC.					
Principal Place of Business 33 GLENCAIRN ROAD PALM BEACH GARDENS, FL 33418			Mailing Address 33 GLENCAIRN ROAD PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business 1715 Village Blvd. Suite, Apt. #, etc. #108 City & State West Palm Beach, FL Zip 33409 Country USA		3. Mailing Address 1715 Village Blvd Suite, Apt. #, etc. #108 City & State West Palm Beach, FL Zip 33409 Country USA			
4. FEI Number 02232006				Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, MARCIA L 33 GLENCAIRN ROAD PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1715 Village Blvd. #108 City West Palm Beach FL Zip Code 33409		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Marcia L Gray</u> DATE: <u>4/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, MARCIA L 33 GLENCAIRN ROAD PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1715 Village Blvd. #108 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Marcia L Gray</u>			Date: <u>4/16/06</u> Daytime Phone #: <u>561-358-3453</u>		